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## APPLICATION FOR EMS AGENCY LICENSE

**Instructional Guide** 

August 2008

## Introduction

The following document is provided to assist applicants in completing the required information in its entirety. Making sure your application is correct allows for quicker processing time for initial licensure and re-licensure. The EMS agency application captures information required by the Virginia Office of Emergency Medical Services (OEMS), as well as certain data points required by the National Emergency Medical Services Information Systems (NEMSIS). The Commonwealth of Virginia has signed a Memorandum of Understanding (MOU) to submit state level data to NEMSIS.

If you have questions concerning the application and the instructional guide does not successfully answer your question, please contact OEMS or your local EMS Program Representative.

**Agency name**: The legal name for the organization. **Note**: This name cannot be similar to or the same as another existing organization.

**FIN** #: The Federal Tax Identification Number issued by the Internal Revenue Service (IRS). A copy of the IRS designation letter must accompany all applications for EMS agency license(s).

**Agency no.**: The identification number issued by OEMS (for recertification only).

**NPS** #: The National Provider Identifier associated with National Provider System (NPS) and used in all standard HIPAA transactions such as electronic claim filing. **Note**: Any agency that bills for service is given a National Provider System (NPS) number. The Centers for Medicare and Medicaid Services (CMS) requires anyone who bills to submit electronically using a HIPAA Standard NPS number. Please refer to http://www.cms.hhs.gov/nationalprovidentstand/.

**Physical Location**: Please provide a detailed description of the physical location of the primary facility with directions from the closest major roadway.

**Number of stations**: Any vehicles housed/positioned in another location must be included on a separate paper and included with the submission of the application. Please include the names of stations, their complete addresses and contact phone numbers.

**Mailing address:** Where mail is delivered from the United States Postal Service (USPS).

**Shipping address**: Where items delivered by overnight carriers (UPS, FedEx, etc.) can be delivered to an attended physical location (not a P.O. Box).

**Agency telephone number**: Ten digit telephone number advertised to reach agency personnel (should not be an "emergency "number).

**Fax:** Ten digit number to access the facsimile device.

Agency e-mail address: Electronic mail address for receiving communications and notices.

**Agency FIPS no.**: FIPS stands for Federal Information Processing Standards. Please use the following link to determine your FIPS number if you don't already know it, www.vdh.virginia.gov/OEMS/Files\_page/shared/fips.pdf

**Agency Web site**: An electronic link providing direct access from one distinctively marked place in a hypertext or hypermedia document to another in the same or different document. (Example: www.rescue1.org).

**Type of Application**: Initial – first time application (usually a new agency), Recertification – a renewal of an existing agency license, Change of classification – going from one level of service to another (Example: BLS non-transport to ALS transport).

**Organizational Status**: The primary organizational status of the agency.

**Organizational Type**: The organizational structure utilized to deliver EMS.

**Classification**: Type of EMS agency licenses applying for.

**Career Personnel**: Personnel who staff the EMS units and are monetarily compensated for their time worked.

**Hours of Operation**: If station is not open on a 24 hour continuous basis, please indicate time of operations.

**Total no. of 911 calls/calendar year**: The number of 911 EMS calls in a calendar year. Please include the number of 911 calls assigned to any unit for any length of time, i.e. cancelled, no patient found, patient refusals, treat and release, obvious death, treated and transferred care, treated and transported etc.

**EMS Dispatch volume/calendar year**: The number of EMS dispatches in a calendar year. Please include the total number of EMS calls received by the agency, i.e. commercial agencies would report their total number of 911 calls in addition to routine transport calls here. For emergency responders only, this number would likely be the same as the number of 911 calls per year.

**EMS Transport volume/calendar year**: The number of EMS transports in a calendar year. Please include the total number of patients transported and exclude transports to physician's office, clinic or health care facility that is for prescheduled testing, evaluation or treatment.

**EMS contact volume/calendar year**: Total number of patients that EMS providers from agency encountered and attended to at the scene. Please exclude cancelled, no patient found, arrived on scene but did not attend to patient.

**Total service area** (sq. mi): The total square miles within the EMS agency's service area.

**Total service area population**: The total population in the agency's service area based on the 2000 census data (if available). This number does not include population changes associated with daily work flow or seasonal movements. Please refer to http://quickfacts.census.gov/qfd/.

**Vehicle insurer**: The insurance company on record for the agency vehicle(s).

**Does the agency bill for services:** Does the patient cared for/transported by the EMS agency receive a bill for service? Please report this information regardless of whether the EMS agency bills or another organization bills on behalf of the agency.